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CONFIRMATION NO. 7296

Bib Data Sheet

SERIAL NUMBER 10/716,314	FILING OR 371(c) DATE 11/18/2003 RULE	CLASS 514	GROUP ART UNIT 1656	ATTORNEY DOCKET NO.
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/427,682 11/18/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 08/10/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 13	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

23859

TITLE

PARALYTIC PEPTIDE FOR USE IN NEUROMUSCULAR THERAPY

FILING FEE RECEIVED 938	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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